

2027 Benefits Guide

Retirees

Annual Enrollment: October 26, 2026 – November 9, 2026

Effective January 1, 2027



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PLEASE NOTE: All required Annual Notices, including the Medicare Part D Creditable Coverage Notice, are contained at the end of this Benefit Guide. Please refer to them and read them carefully. If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 29 for more details.

Important Notice

San Ramon Valley Unified School District has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. San Ramon Valley Unified School District reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and San Ramon Valley Unified School District share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with San Ramon Valley Unified School District.

OPEN ENROLLMENT is from October 26th to November 9th

As a retiree, the benefits available to you represent a significant component of your total retirement package and provide important protection for you and your family. This guide provides valuable information to help you better manage your health and your financial security.

During Open Enrollment you and your eligible dependents may cancel your enrollment in the medical, dental, vision or life insurance programs, if you are currently participating in these plans. Please remember that once coverage is dropped, you will be unable to re-enroll at a later date.

Open Enrollment for 2027 coverage – **your one chance to make changes to your benefits[1]** – begins October 26, 2026 and will remain open until November 9, 2026. The benefits you choose will become effective on January 1, 2027 – December 31, 2027.

If you want to keep your coverage the way it is, there is nothing you need to do, you will default into the same or comparable coverage for 2027.

Please take a moment to review this guide to choose which benefits are right for you!

If after reading this guide you need more information, please contact the Benefits Office at (925) 552-2913. Or you can access the TruHu Benefits Portal by clicking the link or scanning the QR code on this page using your mobile device and logging-in with the credentials below to get started.

Username: SRVRetiree | Password: Benefits1

Scan below to visit the TruHu Benefits Portal!

User ID: SRVRetiree (case sensitive)
Password: Benefits1 (case sensitive)



[1] You can change your coverage during the year if you experience a "Qualified Status Change," including but not limited to domestic partnership, divorce, death of spouse or child, or a change of address affecting your plan eligibility.

CHANGES FOR 2027

WHAT'S CHANGING?

The District consistently strives to provide outstanding benefits to their retirees. Achieving this goal includes considering benefit modifications in order to better manage the rising costs of healthcare. The District is pleased to present retirees with limited benefit changes for the 2027 plan year. Please review the appropriate section for additional details on the following changes:

- There are no changes to the benefits offered under the **Dental** and **Vision** plans. The same Vision plan and two Dental Plans are available once again for all retirees. There has been an increase to the costs of all **Dental** and **Vision** plans.

Early Retirees (Under age 65)

- **Medical** Plan costs have increased for all available options. There have been changes to the medical plans that are available in 2027. Please review the full plan summaries to identify any benefit changes that will impact you and your dependents.
    - The **UHC Signature Value HMO** remains available with significant plan changes as follows:

Benefit / Service	2027	2026
Annual Deductible (individual/family)	$2,500 / $5,000	$500 / $1,000
Out-of-Pocket Maximum	$6,000 / $12,000	$3,000 / $6,000
Coinsurance	30%	20%
Office Visit (Primary / Specialist)	$35 / $70 (deductible waived)	$30 / $60 (deductible waived)
Inpatient Hospital	30% coinsurance	20% coinsurance
Outpatient Surgery	30% coinsurance	20% coinsurance
Emergency Room	30% coinsurance	20% coinsurance

    - The UHC Signature Value HMO plan covers some items and services even if you haven't met the deductible amount. However, you may be responsible for a copayment or coinsurance. Examples of benefits that do not require the deductible to be met include preventive care, primary care, specialist visits and lab testing services.
    - All individuals who elect to participate in the **UHC Signature Value HMO** plan will receive a new member ID card. United Healthcare will attempt to maintain all existing Primary Care Provider (PCP) assignments. However, since this is a manual process, we encourage you to confirm that your PCP assignment is correct. If a correction or change to your PCP is needed, please reach out to UHC Member Services directly at (800) 624-8822. This plan will also receive an updated Group Number.
    - There have been no plan changes to the **Kaiser Traditional HMO** plan. Due to IRS mandated changes effective January 1st, there has been an increase to the deductible amounts for the **Kaiser High-Deductible HMO**.
- The IRS has announced an increase to the annual contribution limits for **Health Savings Accounts (HSA).** Those who are enrolled in a High-Deductible Health Plan and eligible to participate in an HSA can set aside up to $4,500 in 2027, or $9,000 if enrolled with dependents. For more details, please see page 13.

WHAT'S CHANGING?

Retirees (age 65+)

- The **KPSA plan** will continue to be offered with no change in the cost of coverage.
- The District continues to offer **The Hartford Medicare Supplement PPO**[1] plan to retirees. With this coverage, the Prescription Drug benefits are provided by Express Scripts Medicare Prescription Drug Plan.
    - This plan is administered by Benistar, a retiree benefits management solutions and advocacy service provider. Benistar Advocates are US-based and available to help you navigate the complex retiree healthcare landscape and troubleshoot any issues you may have with your insurance carrier, provider's office, and pharmacy.
    - **Important Reminders:**
        - You must be enrolled in Medicare Parts A and B to participate in the Hartford Retiree Medical Plan and Express Scripts Part D Plan.
        - You will use your Hartford ID card for Medical and Express Scripts ID card for Prescription Drugs.
        - You can use any willing Medicare medical provider.
        - No referrals are needed for Medicare covered medical services.
        - You should continue to be able to use almost any retail pharmacy as Express Scripts includes over 63,000 in-network pharmacies, nationwide.
        - Express Scripts offers a Mail Order Pharmacy for your convenience. If you would like to use the Mail Order Pharmacy, you will need new prescriptions.
        - You do not need new prescriptions for retail pharmacies. Simply show your new ID card and your refills will be processed under the Express Scripts Plan.

[1] Due to state regulations, retirees living in Colorado, Oregon, Utah, Washington or Florida do not have access to the fitness benefit.

Retirees and their eligible dependents can participate in San Ramon Valley Unified School District benefits. Eligible dependents include:

- Your spouse or domestic partner
  Note: Legally separated or divorced spouses are ineligible
- Child(ren) up to age 26 for medical , regardless of marital status
- Unmarried Child(ren) up to age 26 for life insurance
- Unmarried Child(ren) up to age 19 (or age 25 if a full-time student) for dental and vision coverage
- Unmarried Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

Review the Enrollment and Eligibility Guide for additional details regarding eligibility, including the District's definition of domestic partner.

PROOF OF DEPENDENT ELIGIBILITY

You are required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to immediate disenrollment without the ability for re-enrollment in the future. If your dependent becomes ineligible for coverage during the year, you must contact the Benefits Office at (925) 552-5014 **within 30 days**. Failure to provide notification may result in a loss of continuation coverage (COBRA) rights for your dependent(s), AND you may also become financially responsible for the cost of premiums and any services received by your dependent(s) after the loss of eligibility.



Enrolling in Benefits

If you did not enroll in medical, dental or vision benefits when you initially retired, you are not able to do so at a later date. If you enrolled and need to make changes, you may do so by contacting the Benefits Office to request the plan Enrollment Form(s). If you cancel your coverage at any time, you will not be permitted back on to the District plans. If after reading this guide you have enrollment questions, please contact the Benefits Office at (925) 552-2913.

If you wish to make changes please submit the completed Enrollment Form(s) and supporting documents to the Benefits Office no later than November 9th at 4:00 pm for all Open Enrollment changes.

MONTHLY PAYMENTS

RETIREE COST SUMMARY

Benefit - Early Retirees (under age 65)	Retiree Only	Retiree + 1	Retiree + Family
Kaiser Permanente Traditional HMO	$1,465.73	$2,931.46	$4,148.02
Kaiser Permanente High Deductible HMO	$1,143.03	$2,286.06	$3,234.77
United Healthcare (UHC) Signature Value HMO	$2,018.59	$4,026.08	$5,692.21
United Healthcare (UHC) High Deductible PPO	$1,900.58	$3,790.67	$5,359.31
United Healthcare (UHC) Select Plus PPO	$5,427.69	$10,825.46	$15,305.45
Benefit - Retirees 65+	**Retiree Only**	**Retiree + 1***	**Retiree + Family**
Kaiser Permanente Senior Advantage (KPSA) HMO	$324.14	$648.28	Inquire with District
The Hartford Medicare Supplement PPO[1]	$642.15	$1,284.30	Inquire with District
Benefit - Early Retirees & Retirees 65+	**Retiree Only**	**Retiree + 1**	**Retiree + Family**
Delta Dental (Base Plan)	$57.20	$114.37	$164.91
Delta Dental (Buy-Up Plan)	$69.23	$138.43	$200.96
VSP Vision	$8.38	$16.74	$24.28

The rates illustrated above do not factor in any contribution you may receive from the District.

**assumes both members have Medicare parts A & B; if you need to enroll one person with Medicare and one person without Medicare, please inquire with the District for the applicable rates*

*** If you are a retiree living in Colorado, Oregon, Utah, Washington or Florida your rates and benefits may vary slightly due to state regulations. Please contact the District for details*

MAKING PAYMENTS

If the amount of your health premiums is more than the post retirement contribution you receive from the district, you will receive a bill each month which is due and payable upon receipt. You are billed current, for example; the bill you receive in January 2027 is for January's coverage.

You can either pay by personal check or sign up to have your financial institution issue a check to SRVUSD each month. **We cannot accept wire transfers (ACH), debit or credit cards.** If you have your financial institution automatically pay us each month, you will need to adjust your January 2027 payment to reflect the New Year's amount you owe. This change should be made **after your December payment has been processed.** Please reference the letter you received to determine what your monthly contribution will be in 2027.

When setting up an automatic payment from your bank, make sure to reference your **six-digit alpha numeric SRVUSD Customer ID #** that is located in the lower middle left-hand side, directly below the coverage detail of the invoice we send you (example: A12345). This will assist us in processing your payment timely.

Checks are payable to **the San Ramon Valley Unified School District (SRVUSD)** and mailed to Accounts Receivable, 3131 Crow Canyon Place, Suite 300, San Ramon, CA 94583, Attention: Retiree Benefits.

If payment is not received when due, coverage may lapse and cannot be re-instated.

Early Retirees (under age 65) have the opportunity to enroll in either the Kaiser Permanente Health Maintenance Organization (HMO) medical plan or the United Healthcare (UHC) HMO plan, provided that you **live inside the applicable service area**; this also applies to any dependents. Any services obtained outside of the HMO service area will be limited to Emergency coverage only. These medical plans are an HMO and offer in-network coverage only. If you do not select a primary care physician when you enroll, one will be assigned to you by the carrier. To review the service area, find a provider, or to obtain additional information about your plan visit www.kp.org or www.myuhc.com.

MEDICAL PLANS SUMMARY

Key Features	Kaiser HMO In-Network	UHC Signature Value HMO In-Network
Calendar Year Deductible Individual / Family	None	$2,500 / $5,000
Out-of-Pocket Maximum Individual / Family	$1,500 / $3,000	$6,000 / $12,000
Coinsurance (portion you pay)	None	30%
Preventive Care	Covered 100%	Covered 100%
Physician Services Office Visit / Specialist Visit	$30 copay	$35 / $70 copay (deductible waived)
Urgent Care Copay	$30 copay	Within Service Area: $35 Outside Service Area: $50 (deductible waived)
Emergency Room Copay (waived if admitted)	$150 copay	30% coinsurance
Inpatient Hospital	$250 copay/per admission	30% coinsurance
Lab and X-Ray Services	No charge	$25 copay (deductible waived)
Chiropractic	$15 copay, up to 30 visits/year	$15 copay, up to 40 visits/year (combined with acupuncture)
Prescription Drugs		
Calendar Year Prescription Drug Deductible Applies to all non-Generic drugs	$100	None
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)		
Generic (Tier 1)	$15 copay	$10 copay
Preferred Brand (Tier 2)	$30 copay	$30 copay
Non-preferred Brand (Tier 3)	$30 copay	$50 copay
Specialty	20% up to $150 max copay	20% up to $100 max copay
MAIL-ORDER PRESCRIPTIONS	**100-DAY SUPPLY**	**90-DAY SUPPLY**
Generic (Tier 1)	$30 copay	$25 copay
Preferred Brand (Tier 2)	$60 copay	$75 copay
Non-preferred Brand (Tier 3)	$60 copay	$125 copay

The information above is a summary of coverage only. For more information, including the Summaries of Benefits and Coverage (SBC's), visit the *TruHu Benefits Portal* *(User ID: SRVRetiree (case sensitive); Password: Benefits1 (case sensitive)).* For questions about a specific procedure, service or provider, please contact the medical plan directly at www.kp.org or www.myuhc.com. It is recommended that you register for an account after enrollment.

MEDICAL & PRESCRIPTION DRUG BENEFITS
Early Retirees (under age 65)

Early Retirees (under age 65) can now choose between two High Deductible Health Plan (HDHP) options. By choosing to enroll in the Kaiser Permanente HDHP or the United Healthcare (UHC) HDHP PPO you'll have access to a Health Savings Account (HSA), which can be used to set aside money pre-tax to be used for qualified medical expenses. The Kaiser HDHP HMO medical plan is an HMO and offer in-network coverage only. Any services obtained outside of the HMO service area will be limited to Emergency coverage only. If you do not select a primary care physician when you enroll, one will be assigned to you by the carrier. To review the service area, find a provider, or to obtain additional information about your plan visit www.kp.org

MEDICAL PLANS SUMMARY

Key Features	Kaiser High Deductible (HDHP) HMO In-Network
Calendar Year Deductible Individual / Family	$1,750 / $3,500
All Services subject to the Calendar Year Deductible unless otherwise noted	
Out-of-Pocket Maximum *(includes deductible)* Individual / Family	$3,500 / $7,000
Coinsurance (portion you pay)	10%
Preventive Care	Covered 100%
Physician Services Office Visit / Specialist Visit	10% coinsurance
Urgent Care Copay	10% coinsurance
Emergency Room Copay (waived if admitted)	10% coinsurance
Inpatient Hospital	10% coinsurance
Lab and X-Ray Services	10% coinsurance
Chiropractic	$15 copay, up to 30 visits/year
Calendar Year Prescription Drug Deductible Applies to all non-Generic drugs	Medical Deductible Applies
	30-DAY SUPPLY
Generic (Tier 1)	$10 copay
Preferred Brand (Tier 2)	$30 copay
Non-preferred Brand (Tier 3)	$30 copay
Specialty	20% up to $250 max copay
MAIL-ORDER PRESCRIPTIONS	**100-DAY SUPPLY**
Generic (Tier 1)	$20 copay
Preferred Brand (Tier 2)	$60 copay
Non-preferred Brand (Tier 3)	$60 copay

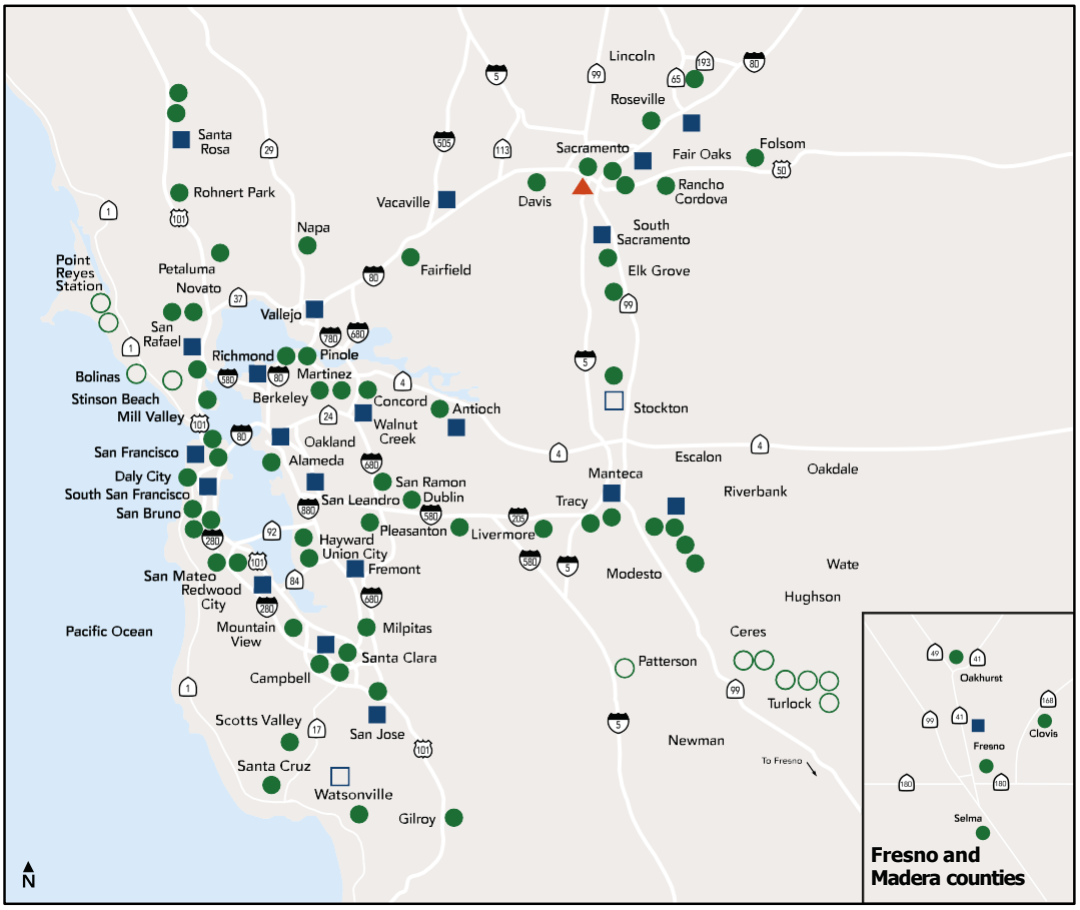
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KAISER HMO SERVICE AREA

In order to enroll in one of the Kaiser plans as a District Retiree you must live within the Kaiser service area.

If you are unsure of whether you live within the appropriate service area, please contact the District. You can also find out more by calling Kaiser at (800) 464-4000

KASIER SERVICE AREA MAP



- Central Valley
- Diablo
- East Bay
- Fresno
- Greater San Francisco
- Greater Southern Alameda
- Marin/Sonoma
- Napa/Solano
- Redwood City
- Roseville
- Sacramento
- San Jose
- Santa Clara
- Santa Cruz
- South Sacramento

■ Kaiser Permanente medical centers (hospital and medical offices) □ Affiliated plan hospital
● Kaiser Permanente medical offices ○ Affiliated medical offices ▲ Specialty facility – sports medicine

Early Retirees (under age 65) have the opportunity to enroll in a United Healthcare (UHC) Preferred Provider Organization (PPO) plan, which offers both in- and out-of-network coverage, but you will pay less for services when you see in-network providers. To find a provider in the Select Plus Plan or to obtain additional information about your plan visit www.myuhc.com. If you do not select a primary care physician when you enroll, UHC will assign one to you.

MEDICAL PLAN SUMMARY

Key Features	UHC High-Deductible (HDHP) PPO	
	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	$3,500 / $7,000	$7,000 / $14,000
All benefits are subject to deductible unless otherwise stated		
Out-of-Pocket Maximum (includes deductible) Individual / Family	$5,500 / $11,000	$11,000 / $22,000
Coinsurance (portion you pay)	20%	50%
Preventive Care	Covered 100% (deductible waived)	Not covered
Physician Services Office Visit / Specialist Visit	20% coinsurance	50% coinsurance
Urgent Care	20% coinsurance	50% coinsurance
Emergency Room (waived if admitted)	20% coinsurance	
Inpatient Hospital (per admission)	20% coinsurance	50% coinsurance
Lab and X-Ray Services	20% coinsurance	X-Ray: 50% coinsurance Lab: Not covered
Chiropractic	20% coinsurance, up to 24 visits/year	Not covered
Prescription Drugs		
Calendar Year Prescription Drug Deductible Individual / Family	Medical Deductible Applies	
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)		
Generic (Tier 1)	$5 copay	$5 copay
Preferred Brand (Tier 2)	$35 copay	$35 copay
Non-preferred Brand (Tier 3)	$75 copay	$75 copay
MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)		
Generic	$12.50 copay	Not covered
Preferred Brand	$87.50 copay	Not covered
Non-preferred Brand	$187.50 copay	Not covered

The information above is a summary of coverage only. For more information, including the Summaries of Benefits and Coverage (SBC's), visit the *TruHu Benefits Portal* *(User ID: SRVRetiree (case sensitive); Password: Benefits1 (case sensitive)).* For questions about a specific procedure, service or provider after you are enrolled, please contact the medical plan directly at www.myuhc.com. It is recommended that you register for an account after enrollment.

Early Retirees (under age 65) have the opportunity to enroll in a United Healthcare (UHC) Preferred Provider Organization (PPO) plan, which offers both in- and out-of-network coverage, but you will pay less for services when you see in-network providers. To find a provider in the Select Plus Plan or to obtain additional information about your plan visit www.myuhc.com. If you do not select a primary care physician when you enroll, UHC will assign one to you.

MEDICAL PLAN SUMMARY

Key Features	UHC Select Plus (West) PPO	
	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	$250 / $500	$500 / $1,000
Out-of-Pocket Maximum (includes deductible) Individual / Family	$2,250 / $4,500	$4,500 / $9,000
Coinsurance (portion you pay)	20%	40%
Preventive Care	Covered 100%	Not covered
Physician Services Office Visit / Specialist Visit	$15 copay (deductible waived)	40% coinsurance, after deductible
Urgent Care Copay	$50 copay (deductible waived)	40% coinsurance, after deductible
Emergency Room Copay (waived if admitted)	$100 copay (deductible waived)	
Inpatient Hospital (per admission)	20% coinsurance, after deductible	40% coinsurance, after deductible
Lab and X-Ray Services	No charge	40% coinsurance, after deductible
Chiropractic	$15 copay, up to 24 visits/year (deductible waived)	40% coinsurance, after deductible
Prescription Drugs		
Calendar Year Prescription Drug Deductible Individual / Family	None	
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)		
Generic (Tier 1)	$10 copay	$10 copay
Preferred Brand (Tier 2)	$30 copay	$30 copay
Non-preferred Brand (Tier 3)	$50 copay	$50 copay
MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)		
Generic	$25 copay	Not covered
Preferred Brand	$75 copay	Not covered
Non-preferred Brand	$125 copay	Not covered

The information above is a summary of coverage only. For more information, including the Summaries of Benefits and Coverage (SBC's), visit the *TruHu Benefits Portal* *(User ID: SRVRetiree (case sensitive); Password: Benefits1 (case sensitive)).* For questions about a specific procedure, service or provider after you are enrolled, please contact the medical plan directly at www.myuhc.com. It is recommended that you register for an account after enrollment.

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in either of the Kaiser HDHP HMO or UHC HDHP PPO options, you'll have access to a Health Savings Account (HSA), which can be used to pay for qualified health care expenses, such as deductibles, coinsurance, prescriptions and dental/vision care. For a complete list of eligible expenses, visit https://www.irs.gov/pub/irs-pdf/p502.pdf.

HSA ELIGIBILITY

There are certain HSA eligibility requirements. You may not participate if you are:

- Covered as a dependent on another health plan
- **Age 65 or older and enrolled in Medicare or Social Security**
    - if you enrolled in an HSA prior to retirement, you may continue to use saved HSA funds after you retire for qualified expenses, but you cannot contribute more money to the account)
- Enrolled in or covered by a flexible spending account (FSA) for health expenses (dependent care and limited purpose FSA are excluded)
- Covered by any other health coverage (e.g., under a military or college health plan)

HSA MAXIMUM CONTRIBUTIONS

Each year, the IRS sets limits on how much you can contribute to an HSA. This means that your annual contributions can't exceed the following amounts in 2027:

- **Single:** $4,500
- **Family:** $9,000
- **Catch up Contribution (age 55 and older):** $1,000

As a Retiree under the age of 65, you would select your own HSA vendor and make your contributions to them. When you file your tax return you will have the benefit of the pre-tax savings.

Retirees approaching age 65 should be aware that If you enroll in Part A after the month you turn 65, your Part A coverage can begin up to six months retroactively (but no earlier than your birthday month). Keep this retroactive coverage date in mind when calculating how much you can contribute to the HSA for the year as you must stop contributing to an HSA beginning the first month you're enrolled in Medicare Part A or Part B. Additionally, your Annual Contribution Maximum will be pro-rated. For example, if your Medicare coverage begins July 1, you may only contribute up to half of the maximum, or $2,750 as a single person or $5,000 if you have family coverage



MEDICARE

When you or your spouse/domestic partner is turning age 65, you must contact the Social Security Administration to enroll in Medicare Parts A and B.

Medicare is the national health insurance program for individuals age 65 or older. As a retiree, once you and/or your dependent reach age 65, Medicare becomes the primary provider and the District's medical plan becomes your secondary provider. You and/or your dependent must enroll and maintain enrollment in Medicare Parts A and B in order to retain your District sponsored medical benefits without an increased cost. Do not enroll in Medicare Part D (Prescription Drug), our medical plans already contain Part D coverage. Also, you cannot enroll in a non-District Medicare Supplement Plan as this will cause automatic disenrollment from your District medical plan.

Medicare Part A is financed by payroll taxes, and if you are eligible to receive it based on your own or your spouse's employment, you do not pay a premium.

Medicare Part B has a monthly premium, which can be deducted from your Social Security or STRS Retirement check. Check with STRS or the Social Security Office to have these premiums deducted from your retirement check. Late Medicare payments could result in your disenrollment from Medicare which will have an impact on maintaining your District retiree medical plan.

To enroll in Medicare, contact Social Security at (800) 772-1213 or visit a local office three months before you or your eligible dependent reach age 65. You may also be able to apply online at www.medicare.gov/. Once you have enrolled in Medicare Part A and B and receive your Medicare card, contact the Benefits Office at (925) 552- 2929 to request an Enrollment Application for completion and return to the Benefits Office.



The District offers two (2) plans for Medicare eligible retirees: Kaiser Permanente Senior Advantage (KPSA) HMO plan and The Hartford Medicare Supplement PPO plan. These plans are only for Over 65 Retirees who have **both** Medicare Part A & Part B.

MEDICARE ADVANTAGE PLAN WITH PART D

The KPSA HMO plan offers in-network coverage only and requires that you **live inside the applicable service area**; this also applies to any dependents. Any services obtained outside of the HMO service area will be limited to Emergency coverage only. If you do not select a primary care physician when you enroll, one will be assigned to you by the carrier. To review the service area, find a provider, or to obtain additional information about your plan visit www.kp.org.

Key Features	Kaiser Permanente Senior Advantage (KPSA) $20 HMO Plan In-Network
Calendar Year Deductible Individual	None
Out-of-Pocket Maximum Individual	$1,000
Office Visit	$20 copay
Preventive Care	No charge
Inpatient Hospital	No charge
Emergency Room Copay (waived if admitted)	$50 copay
Prescription Drugs	
RETAIL PRESCRIPTIONS (100-DAY SUPPLY)	
Generic	$10 copay
Brand	$20 copay
MAIL-ORDER PRESCRIPTIONS (100-DAY SUPPLY)	
Generic	$10 copay
Brand	$20 copay

One Pass Fitness Program

Kaiser Permanente Senior Advantage (KPSA) HMO plan includes the One Pass Fitness Program which offers gym discounts, online mental health resources and group fitness classes at no additional cost to members. This program allows members to choose from the largest nationwide network of gyms and fitness locations. Members can visit any place in the network using only their One Pass membership!

For more information and to register for the program visit www.youronepass.com or call (877) 614-0618 .

MEDICARE SUPPLEMENT PLAN

The Hartford Supplement Medicare (PPO) Plan has a network of doctors, hospitals, pharmacies, and other providers. You can see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of Medicare. The Hartford Supplement Medicare (PPO) Plan includes Part D prescription coverage with no deductible, Chiropractic care, and Acupuncture.

Please call Benistar (800) 236-4782 or Health Insurance Services at (888) 344-2522 to reach the Retiree Support Team to find out more about each service and to find a provider. They are available Monday-Friday, 9:00 am to 5:00 pm local time and please Identify yourself as San Ramon Valley retiree. Enrolled members also have access to other health resources including the Silver & Fit program[1]. For additional information about the Silver & Fit program please visit www.SilverandFit.com.

Key Features	The Hartford Medicare Supplement PPO Plan
	In-Network
Calendar Year Deductible Individual	None
Out-of-Pocket Maximum Individual	$0
Office Visit	No charge
Preventive Care	No charge
Inpatient Hospital	No charge
Emergency Room Copay (waived if admitted)	No Charge
Prescription Drugs	
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)	
Generic (Tier 1)	$10 copay
Brand (Tier 2)	$20 copay
Non-Preferred Brand (Tier 3)	$35 copay
Specialty (Tier 4)	25% up to $100 max copay
MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)	
Generic (Tier 1)	$20 copay
Brand (Tier 2)	$40 copay
Non-Preferred Brand (Tier 3)	$70 copay
Specialty (Tier 4)	Not Covered

[1]Due to state regulations, retirees living in Colorado, Oregon, Utah, Washington or Florida do not have access to the fitness benefit.

The information above is a summary of coverage only. For more information, including the Summaries of Benefits and Coverage (SBC's), visit the *TruHu Benefits Portal* *(User ID: SRVRetiree (case sensitive); Password: Benefits1 (case sensitive)).* For questions about a specific procedure, service or provider, please call Benistar (800) 236-4782 or Health Insurance Services at (888) 344-2522 to reach the Retiree Support Team, Monday-Friday, 9:00 am – 5:00 pm local time. Please Identify yourself as San Ramon Valley retiree.

DENTAL BENEFITS

San Ramon Valley Unified School District offers dental coverage through Delta Dental. These are Preferred Provider Organization (PPO) plans made up of general dentists and specialists who have agreed to provide dental care at discounted fees.

The Delta Dental PPO plans give you the freedom to choose your own dentist and receive coverage from in-network and out- of-network providers. If you go to a dentist who participates in the PPO, you qualify for in-network coverage and benefit from discounted rates.

The District offers a Dental Buy-Up plan, in addition to the standard Dental Base plan. The Buy-Up is available at a slightly increased cost, this additional plan option includes an increased Calendar Year Maximum, allowing you to receive more covered services each year.

You can find a participating provider at www.deltadentalins.com or by calling their Customer Service Department at 800-765-6003.

DENTAL PLAN SUMMARIES

Key Features	DELTA DENTAL PPO (BASE PLAN)	
	In-Network	Out-of-Network
Annual Calendar Year Maximum (CYM)	$1,700	$1,500
Calendar Year Deductible (Individual / Family)	$25 / $75	
Diagnostic & Preventive Services (no deductible and does not accumulate toward Annual CYM)	70% - 100% [1, 2]	
Basic Services	70% - 100% [1]	
Major Services	70% - 100% [1]	
Orthodontics	Not Covered	
Dental Accident Benefits	100% up to $1,000 per Calendar Year	

Key Features	DELTA DENTAL PPO (BUY-UP PLAN)	
	In-Network	Out-of-Network
Annual Calendar Year Maximum	$2,500	$1,700
Calendar Year Deductible (Individual / Family)	$25 / $75	
Diagnostic & Preventive Services (no deductible and does not accumulate toward Annual CYM)	70% - 100% [1, 2]	
Basic Services	70% - 100% [1]	
Major Services	70% - 100% [1]	
Orthodontics	Not Covered	
Dental Accident Benefits	100% up to $1,000 per Calendar Year	

[1] Benefit percentage increases by 10% each year (to a maximum of 100%) provided the member visits the dentist at least once during the year. If the member does not use the plan during the year, the benefit level remains the same as the prior year.

[2] Diagnostic & Preventive services do not count toward the Annual Calendar Year Maximum

The information above is a summary of coverage only. For more information, visit the *TruHu Benefits Portal* *(User ID: SRVRetiree (case sensitive); Password: Benefits1 (case sensitive)).* For questions about a specific procedure, service or provider, please contact the dental plan directly at www.deltadentalins.com.

You and your dependents have access to vision coverage through VSP. The VSP Signature plan pays benefits for both in-network and out-of-network services. However, you will receive maximum value from your vision benefits when you choose in-network providers. If you see a network provider, you will pay copays for most services. If you receive care outside the network, you will need to pay the full cost and file a claim to be reimbursed for a portion of the costs.

VISION PLAN SUMMARY

Key Features	In-Network	Out-of-Network	Frequency
Exam	No charge after $10 copay	Up to $50 benefit allowance, after $10 copay	Once every 12 months
Lenses	No charge after $25 copay	Varies depending on lens type, after $25 copay	Once every 12 months
Frames	Up to $150 benefit allowance, after $25 copay	Up to $70 benefit allowance, after $25 copay	Once every 24 months
Contact Lenses Instead of Glasses (elective)	Up to $130 benefit allowance, after $25 copay	Up to $105 benefit allowance, after $25 copay	Once every 12 months
Contact Lenses Instead of Glasses (medically necessary)	No charge after $25 copay	Up to $210 benefit allowance, after $25 copay	

Your VSP plan includes a $20 Essential Medical Eye Care benefit, which includes an exam for diabetes and other medically related services related to your eyes (i.e. pink eye, eye trauma).

VSP also offers a hearing aid discount program to all VSP members and their covered dependents through TruHearing. To take advantage of this free program and enjoy discounts of up to 50% on some of the most popular digital hearing aids on the market, simply sign up at www.truhearing.com/vsp/ and then call (877) 396-7194 to make an appointment.



The information above is a summary of coverage only. For more information, visit the *TruHu Benefits Portal* *(User ID: SRVRetiree (case sensitive); Password: Benefits1 (case sensitive)).* For questions about a specific procedure, service or provider, please contact the vision plan directly at www.vsp.com.

INCOME PROTECTION BENEFITS

BASIC AND VOLUNTARY LIFE

Life insurance pays funds to your designated beneficiaries after your death. Basic Term Life is available to you, only if elected upon retirement, in the amount of $25,000. Voluntary Life Insurance is a closed plan. These benefits are provided to you through SunLife Financial.

Dependent Life insurance is also available for your eligible dependents[1] in the amount of $5,000 per dependent; if elected upon retirement.

Key Features	
Basic Life and AD&D Insurance	$25,000
Conversion and Portability	Not included
Accelerated Death Benefit	Included at 75%
Monthly Premium Cost Basic Life	
$32.20	
Monthly Cost for any Retiree Electing Dependent Life	
$2.00 for $5,000 per dependent covered	

[1] Spouse, domestic partner, or unmarried dependent child up to age 26

Please note: the election you make upon initial retirement to take basic and/or additional life cannot be changed in the future, even if there is a change in family status.

NAMING YOUR BENEFICIARY

You may name anyone you wish as the beneficiary who will receive your Life and Accidental Death & Dismemberment (AD&D) benefits in case of your death. Once you have selected your beneficiary(ies), your designation will remain unchanged until you submit a new beneficiary designation form. You may change your beneficiary(ies) as often as you wish. Please make sure your beneficiary information on file with the District is up to date. It is best to double check this information is up to date each year.



FOR CALSTRS MEMBERS

If you have questions regarding your STRS retirement, you will need to contact STRS at 1-800-228-5453 or via their website: www.calstrs.com.

FOR CALPERS MEMBERS

If you have questions regarding your PERS retirement, you will need to contact PERS at 1-888-225-7377 or via their website at www.calpers.ca.gov.

SUPPLEMENTAL RETIREMENT SAVINGS PLANS

If you participated in a tax-deferred retirement savings program as authorized by Sections 403(b) and 457 of the Internal
Revenue Code while you were an employee of the District direct all questions to:

- For information on the 403(b) and 457 plans, contact Envoy at 1-800-248-8858 or visit their main website at www.envoyplanservices.com.
- For information on the CalPERS 457 or 457 ROTH plans, contact CalPERS at 1-800-260-0659 or visit their website at https://calpers.voya.com.



KEY CONTACTS

For Questions About	Carrier	Phone Number	Website/Email	Plan/Group ID
Medical & Prescription Drug - Early Retiree & 65+	Kaiser Permanente	**800.464.4000** 24-Hour Nurse Line: **800.611.1811**	www.kp.org	568
Chiropractic (Kaiser)	American Specialty Health (ASH)		www.ashcompanies.com	568
Medical & Prescription Drug - Early Retiree	United Healthcare (UHC)	HMO Member: **800.624.8822** PPO Member: **966.633.2446**	www.UHC.com	HMO: TBD PPO: 919045
Medical & Prescription Drug - Retiree 65+	The Hartford	Benistar: **800.236.4782** Health Insurance Services: **888.344.2522**		TBD
Dental	Delta Dental	**866.499.3001**	www.deltadentalins.com	643
Vision	VSP	**800.877.7195**	www.vsp.com	00785000
Life and AD&D Insurance	SunLife Financial	**800.247.6875**	www.sunlife.com	972346
Retirement Plans	CalSTRS CalPERS	**800.228-5453** **888.225-7377**	www.calstrs.com www.calpers.ca.gov	
403(b) Plan	Envoy Plan Services	**800.248.8858**	www.envoyplanservices.com	
457 Plan	CalPERS 457 Plan	**800.260.0659**	https://calpers.voya.com	
HR Department	Shannelle Sherrod Angelina Silva Shahnaz Babar	**925.552.2913** **925.552.2929** **925.552.5014**	ssherrod@srvusd.net asilva@srvusd.net sbabar@srvusd.net	
Benefits Portal	TruHu Benefits Portal		**User ID:** SRVRetiree (case sensitive) **Password:** Benefits1 (case sensitive)	

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your health plan.

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.

Patient Protection Notice

Your health plan may require or allow for the designation of a primary care provider. If so, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members, including a pediatrician, as the primary care provider. Until you make this designation, the health plan may designate one for you.

You do not need prior authorization from the health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals.

For information on how to select a primary care provider, a list of participating primary care providers, or a list of health care professionals who specialize in obstetrics or gynecology, contact your health plan.

Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of San Ramon Valley Unified School District Health Plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.
We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.
The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information (PHI) is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

a. Your past, present, or future physical or mental health or condition;

b. The provision of health care to you; or

c. The past, present, or future payment for the provision of health care to you.

Contact Information

If you have any questions about this Notice or about our privacy practices, and for any correspondence or requests related to the contents of this Notice, please contact the individual listed at the end of this notice.

Effective Date

This Notice is effective October 15, 2026.

Our Responsibilities

We are required by law to:

a. maintain the privacy of your PHI;

b. provide you with certain rights with respect to your PHI;

c. provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and

d. follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices.

How We May Use and Disclose Your PHI

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Note that we will use and disclose PHI as described below unless otherwise prohibited or restricted by applicable state or other law, and that information can lose its protected status as PHI once re-disclosed by a recipient.
For Treatment. When and as appropriate, we may use or disclose medical information about you to facilitate medical treatment or services by health care providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about you with physicians who are treating you.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or pre-certification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Substance Use Disorder (SUD) Treatment Information. Some of your health information may be part of a SUD patient record and subject to additional protections under federal law (42 CFR Part 2) governing confidentiality of SUD patient records. If we receive or maintain any information about you from a SUD treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the SUD patient record for purposes of treatment, payment or health care operations, we may use and disclose your SUD patient record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your SUD patient record through specific consent you provide to us or another third party, we will use and disclose your SUD patient record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your SUD patient record, or testimony that describes the information contained in your SUD patient record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

As Required by Law. We will disclose your PHI when required to do so by federal, state, or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose PHI to certain employees of the Employer. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your PHI after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your PHI for public health activities. These activities generally include the following:

a. to prevent or control disease, injury, or disability;
b. to report births and deaths;
c. to report child abuse or neglect;
d. to report reactions to medications or problems with products;
e. to notify people of recalls of products they may be using;
f. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
g. to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your PHI if asked to do so by a law-enforcement official.

a. in response to a court order, subpoena, warrant, summons, or similar process;
b. to identify or locate a suspect, fugitive, material witness, or missing person;
c. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
d. about a death that we believe may be the result of criminal conduct; and
e. about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your PHI to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your PHI to researchers when:

a. The individual identifiers have been removed; or

b. When an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

Required Disclosures

The following is a description of disclosures of your PHI we are required to make.

Government Audits. We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

a. You have been, or may be, subject to domestic violence, abuse, or neglect by such person; or

b. Treating such person as your personal representative could endanger you; and

c. In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your PHI:

Right to Inspect and Copy. You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your PHI, you must submit your request in writing. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.
We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.
To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request.
We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

a. is not part of the medical information kept by or for the Plan;
b. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
c. is not part of the information that you would be permitted to inspect and copy; or
d. is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your PHI. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.
To request this list or accounting of disclosures, you must submit your request in writing. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your PHI that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.
Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.
We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.
To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply-for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact the person listed in the Contact Information section of this Notice. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

HIPAA Contact
San Ramon Valley Unified School District
Shannelle Sherrod / Personnel Analyst
3131 Crow Canyon Place, Suite 300
San Ramon, CA 94583
Phone: (925) 552-2913

Website: https://apps.truhu.com/Login.aspx

User ID: SRVUSD
Password: Benefits1
(login and password to website are case sensitive)

Important Notice About
Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

This Notice applies only if you and/or your dependent(s) are enrolled in a San Ramon Valley Unified School District medical plan and you are eligible for Medicare. If this does not apply to you, you may ignore this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your prescription drug coverage with San Ramon Valley Unified School District and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your employer coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your employer coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

1. **San Ramon Valley Unified School District has determined that the prescription drug coverage offered under the San Ramon Valley Unified School District plan(s) on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Employer Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your employer coverage may be affected. Contact your employer to find out whether you can get your employer coverage back later if you or your dependents drop the coverage and join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your employer coverage and don't join a Medicare drug plan within 63 continuous days after the coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Employer Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

October 15, 2026

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NOTES

Prepared by

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